

BLABY RURAL DISTRICT COUNCIL

A N N U A L R E P O R T .

of the

M E D I C A L O F F I C E R O F H E A L T H

for the year 1944



BLABY RURAL DISTRICT COUNCIL

A N N U A L R E P O R T

of the

MEDICAL OFFICER OF HEALTH

for the year 1944

Mr. Chairman and Gentlemen,

I beg to present the Annual Report on the health of your district for the year 1944.

Polulation	...	...	...	...	35,520	<u>1944</u>	<u>1943</u>
Births	legitimate	M. 363	F. 343				
	illegitimate	M. 18	F. 10				
			Total			734	716
Birth-rate	...	...	...	...	...	20.6	20.2
Birth-rate for England & Wales	...	...	...	...	...	17.6	16.5
Still-births	...	...	...	...	...	19	17
Deaths	(Males 177	Females 176)	Total			353	376
Non-civilian deaths are excluded.							
Crude death-rate	...	...	...	...	...	9.9	10.6
Death-rate (civilian) for England & Wales	...	...	...	...	...	11.6	12.1
Deaths of Infants under 1 year of age	...	...	...	...	...	25	20
Infant Mortality for 1,000 births	...	...	...	...	...	34	28
Infant Mortality for England & Wales	...	...	...	...	...	46	49

Causes of Death

The chief causes of death in 1944 were:- Heart disease 79; Cancer and malignant disease 64; "Stroke" 47; Bronchitis and Pneumonia 20; Tuberculosis (all forms) 13; Kidney disease 10.

The Tuberculosis deaths have fallen from 23 in the preceding year, which is very satisfactory, especially as the average for the five pre-war years was 15. On the other hand, the deaths from cancer were 64 as against 49 in the preceding year.

Comments on Death-rate

The crude death-rate for the past year, 9.9, was about the same as the average for the war years (9.7). The average for the five pre-war years, 1935-9, was 9.1. When we consider the great "upset" caused by the war, the shortage of food, clothing, fuel and other essential commodities, together with the housing shortage and the break-up of so many homes, it is truly wonderful and something to be thankful for that the effect upon the death-rate has been so small.

ZYMOTIC (OR INFECTIOUS) DISEASES

<u>DISEASE</u>	<u>Cases Notified in 1944</u>	<u>Deaths</u>
Cerebro-spinal Fever & Meningitis	3	-
Diphtheria	12 (4 other cases not confirmed)	-
Dysentery	7	-
Erysipelas	14	-
Measles	32	-
Ophthalmia Neonatorum	1	-
Pneumonia	20	7
Puerperal pyrexia	3	-
Scarlet Fever	134	-
Tuberculosis - Pulmonary	35	11
- Other forms	7	2
Typhoid Fever	- (2 cases not confirmed)	-
Whooping cough	<u>43</u>	1
	<u>311</u>	

Diphtheria

Although 16 cases were notified, only 12 were verified as being diphtheria. The cases occurred in Enderby (3), Countesthorpe (3), Stoney Stanton (2), and in eight other parishes (1 each). There were no fatal cases.

Immunisation is dealt with in a separate section.

Scarlet Fever

The disease was very mild as usual. Indeed, scarlet fever is now such a comparatively trivial disease that it hardly deserves the amount of time and expense devoted to it. Many cases are removed to hospital which could well be treated at home if less importance were attached to it. Many cases are probably removed only because parents have been taught to think it is the right course to take and ask for it to be taken. Again, much of the Sanitary Inspector's time is taken up in visiting houses to "disinfect" after scarlet fever, a process which is not adopted after measles or whooping cough. I should like to suggest that this process of so-called "disinfection" might well be discontinued. In October, 1944, the County M.O.H. (Dr. Fairer) issued a valuable memorandum on scarlet fever in the course of which he said "... the fumigation of houses, bedrooms and school-rooms has little effect in preventing the spread of scarlet fever, and some authorities have, in fact, abandoned the practice of general disinfection and no increase of the disease has been noted". I wish to suggest that the Blaby Council might



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well adopt the same course. I am quite satisfied that the discontinuance of the traditional practice of fumigation after scarlet fever would have no adverse effect upon the prevalence of the disease, and the time of the health department staff which would be saved thereby could be devoted to much more important work, e.g. housing survey.

Typhoid Fever

Two cases were reported, but neither was confirmed.

Measles

Only 32 cases were reported in 1944, but a severe epidemic has swept through the district - in common with other parts of the country - during the early part of the present year, 1945.

Measles was made a notifiable disease as a war measure at the commencement of the war. Its value is extremely problematical. It is to be hoped that the measure will soon be discontinued. Many M.O.H. regard it as a waste of money.

Smallpox

From time to time communications are received by your M.O.H. concerning persons who may have been in contact with smallpox. Usually they are service personnel returning home on leave from the East. They are visited, inquiries made as to the circumstances, and if necessary, they are kept under supervision until the incubation period has expired. No case of smallpox occurred during the year, nor indeed for very many years.

Vaccination

Fortunately, smallpox under modern conditions of prevention has ceased to be the terror it once was, and it is to be hoped that the day is not far distant when some Government will have the courage to repeal the Vaccination Acts which, in the opinion of very many Medical Officers of Health, are now quite out of date and virtually obsolete. Your own M.O.H. has been advocating this for very many years.

Since the above paragraph was written it has been announced (B.M.J.) June 23) that the Minister of Health, acting upon the advice of his Medical Advisory Committee, proposes to terminate the existing compulsory system of vaccination, and that he has asked for the observations

of the British Medical Association. The Council of the Association has replied approving of the suggested action. This being the case it is unlikely that there will be any organized opposition from the medical profession. Not so very many years ago any such suggestion regarding vaccination would undoubtedly have called forth the very strongest opposition.

Your M.O.H. now hopes to live to see the day when compulsory vaccination will be struck off the statute book. The fact that it has remained on so long after its futility and obsolescence has become tacitly recognized is evidence of the great difficulty of amending a law which has once become established, especially if it is fortified and supported by professional opinion.

It is now over half a century since the people of Leicester and Leicestershire took the lead in the opposition to compulsory vaccination. Indeed, no town in the country has become more closely identified with opposition to the Vaccination Acts than Leicester. This fact makes the prospective repeal of compulsory vaccination a matter of special interest.

To prevent misapprehension, I wish to make it quite clear that although I have for very many years advocated the abolition of compulsion and do not believe that infant vaccination is at all necessary in this country, I am in no sense an anti-vaccinist. On the other hand I have a profound faith in vaccination (up to a point) when its use is really called for.

Venereal Disease

Dealing with this most important group of infectious disease is in the hands of the County Council. Clinics are carried on at the Leicester Royal Infirmary and at Loughborough General Hospital. It was only to be expected that during the war the incidence of V.D. would increase. Incidence for the whole country is about double the peacetime figure. Now that the war in Europe is over we may hope before long to see a decrease, though the pernicious after-effects of V.D. will be in evidence for many years.

V.D. Clinics for Leicestershire

Address of Clinic

Days and times of sessions

Females

Males

Leicester Royal Infirmary Out-Patients Department (Knighton Street Entrance)	Mondays	5.30 - 7.0 p.m.	2.30 - 4.0 p.m.
	Tuesdays	2.30 - 4.0 p.m.	10. 0 -11.0 p.m.
	Wednesdays	(10.0 -11.0 a.m.	6.0 - 7.30 p.m.
		(2.30 - 4.0 p.m.	
	Thursdays	- -	4.30 - 6.0 p.m.
Loughborough General Hospital. Out-Patients Department	Fridays	2.30 - 4.0 p.m.	5.30 - 7.0 p.m.
	Mondays	5.0 - 6.0 p.m.	6.0 - 7.0 p.m.

Tuberculosis

The number of cases (all forms) notified was 42, and the number of deaths 13, as compared with 38 cases and 23 deaths for the previous year. In a recent statement to Parliament the Minister of Health said that the two dark shadows in the picture of the national health during the war years were V.D. and tuberculosis. There had been a marked increase in the prevalence of both.

Measures for combating tuberculosis, including the visiting of the patient and the provision of tuberculosis dispensary and sanatorium treatment, etc. are carried out by the County Council.

Scabies

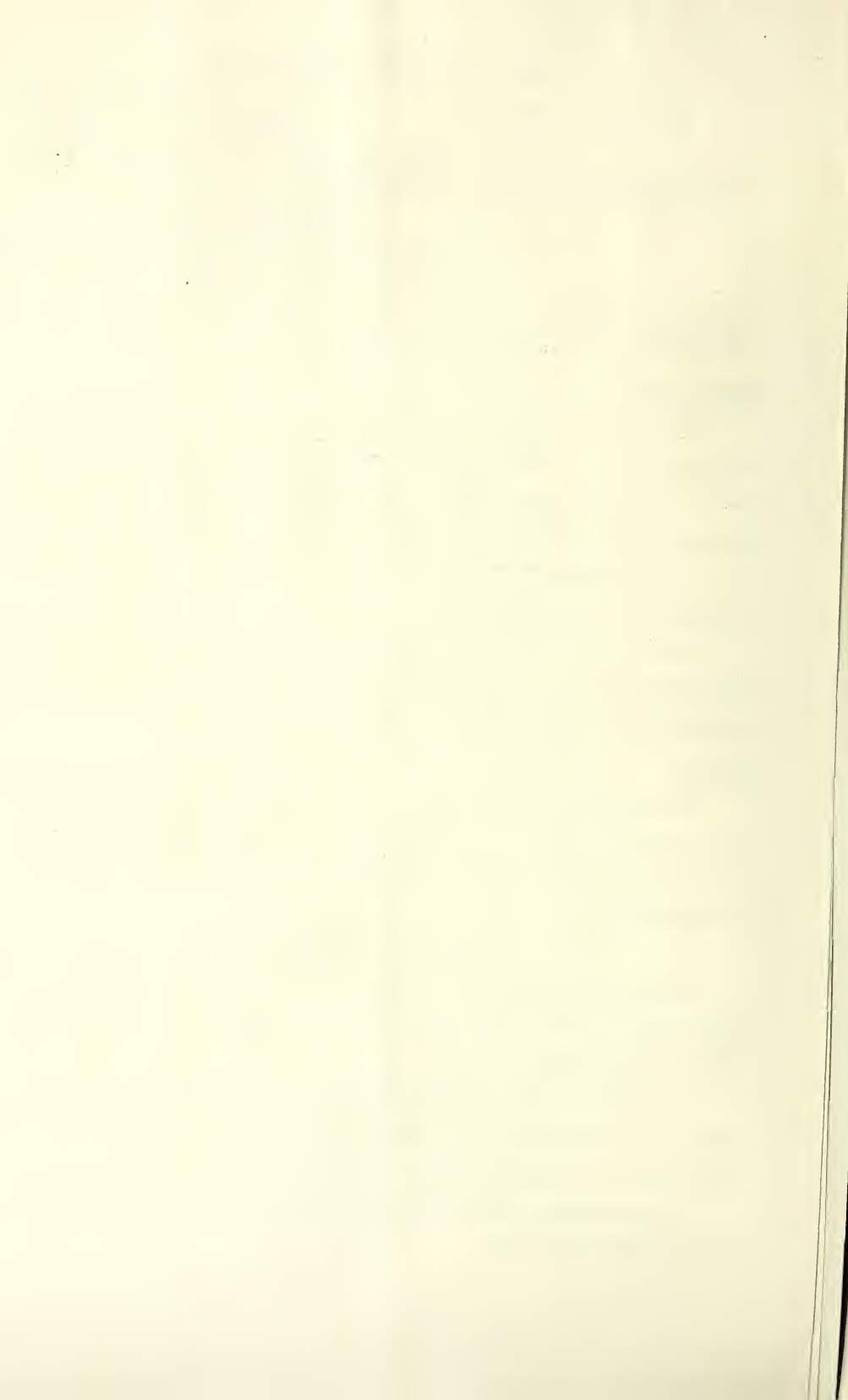
This disease is not notifiable but there is reason to think that it is now much less prevalent than was the case earlier in the war. So far as the Blaby area is concerned it has called for little action during the year.

DIPHTHERIA IMMUNISATION

During the year 1944 the work of immunising the children in the Blaby Rural District has been carried on as in the three previous years since it was begun.

Your M.O.H. does the work himself with the help of an assistant (Mrs. F. I. Wightman) who accompanies him and who also carries out the large amount of clerical work entailed.

The following table show the number of sessions, and the number of children immunized:-



	Sessions	Immunisation completed		Re-immunisation
		Under 5	Over 5	
Blaby	4	12	-	-
Braunstone	8	126	6	1
Cosby	7	12	1	-
Countesthorpe	6	21	5	-
Croft	6	17	1	-
Enderby	7	45	17	1
Glenfield	8	58	5	2
Glen Parva	7	35	2	-
Holmfield Avenue	5	13	10	26
Huncote	7	14	1	-
Kirby Muxloe	7	21	-	-
Narborough	7	29	2	-
Sapcote	6	14	2	-
Sharnford	3	4	-	-
Stoney Stanton	6	20	-	-
Thurlaston	1	-	-	1
Whetstone	7	20	5	1
	102	461	57	32
Immunised privately		92	13	
Immunised at South Wigston Clinic		17	6	
	102	570	76	32

Briefly, there were 102 sessions held by your M.O.H. as compared with 105 in the previous year; and the total number of children immunized for the first time was 518 as compared with 763. Adding the children immunized privately or by the County Medical Officers we have a total of 646 compared with 897 in the previous year.

The reduction in the number of children immunized is largely due to the big falling off amongst children over 5, which is only to be expected as the majority of these have now been immunized whilst in the under 5 group.

In the following Table the figures are given for each of the four years since immunisation (as a national measure) was begun. From this it will be seen that the number of sessions held has been well maintained and also the number of children under 5, and that, of course is the important thing.

Immunisation Figures for past years for Blaby R.D.

	<u>Sessions</u>	<u>Under 5</u>	<u>Over 5</u>	<u>Total</u>
1941	84	730	2333	3063
1942	52	526	431	957
1943	105	536	361	897
1944	102	570	76	646
Total	<u>343</u>	<u>2362</u>	<u>3201</u>	<u>5563</u>

Re-immunization

It is important, however, that children over 5 who have not been immunized since infancy should be done again, as immunity tends to wear out with the lapse of time. We are always ready to do this but so far comparatively few children are done, the number during the year 1944 being only 32.

If the Government desire that re-immunisation should be done on the same scale as primary immunisation, it is desirable that a special publicity campaign urging this should be instituted. Only one injection (instead of two) is required for re-immunization.

Proportion of Children Immunised

In view of the fact referred to above, viz. that the protection conferred by immunisation is not permanent, it is now becoming misleading to estimate the proportion of children who, at some time or other, have been immunised, as it gives a false sense of security. A better indication is to compare the number of young children immunised with the number of births, and as children are not immunised until they are about a year old we must take the number of births in the previous year.

During 1944 the number of children under 5 immunised (most of these would be babies a little over 1 year old) was 570, while the number of births registered in the previous year was 716. This is a proportion (for the year 1944) of practically $4/5$ ths, and it may be regarded as a satisfactory figure, even allowing for the fact that the figure includes some children who were older than one year.

Results of Immunisation

It is too soon yet to assess the value of immunisation in preventing attacks from diphtheria or in reducing its mortality. During 1944 there were 12 cases of diphtheria and none of these occurred in children who had been immunised. During the present year, however, up to the time of writing there have been cases in immunised children and these will be referred to in the next annual report. Full details have been given to the Public Health Committee.

Amount of Work entailed by Immunisation

As was mentioned in my last Annual Report, diphtheria immunisation, when carried out by the M.O.H. personally constitutes a large proportion of his work.

In a Rural District immunisation needs to be carried out at many different centres - there are 17 in Blaby R.D. and 15 in Lutterworth R.D. - and at frequent intervals. During the year 102 sessions were held in Blaby and 34 in Lutterworth. Apart from the time taken up in travelling from centre to centre and in actually doing the work, much organization and correspondence is entailed, and for this it is essential that the M.O.H. should have capable assistance.

As the appointment of your present M.O.H. is only a war-time one, it will shortly be necessary to make a fresh appointment and the facts mentioned above will then need to be taken into consideration.

HOUSING

The shortage of houses is very acute in the Blaby area as throughout the country. This is not surprising in view of the virtual cessation of building during the war. Fortunately the urgent need for houses is recognized by all and there is reason to hope that the heart-breaking delay which occurred in the provision of new houses after the last war will not be as great as it then was.

Nevertheless it is inevitable that the provision of sufficient new houses to meet the need will take a long time - a matter of years - and to help in bridging this gap the Government are providing a substantial but limited number of prefabricated "temporary" houses.

Blaby's programme is as follows; (information furnished by Mr. F.W. James, Council Engineer)

Temporary Bungalows

<u>Proposed sites</u>	<u>No. of Bungalows</u>
Kirby Muxloe	10
Braunstone	20
Whetstone	20
Countesthorpe	10
Cosby	10
Narborough	10
Enderby	20
	<u>100</u>

Permanent Houses

<u>Neighbourhood</u>	<u>No. of Houses</u>	
	<u>1st year</u>	<u>2nd year</u>
Glenfield	36	34
Braunstone	54	58
Blaby	62	52
Narborough	40	44
Sapcote	52	22
	<u>244</u>	<u>210</u>

Sites for Individual Parish Needs

Sites to meet the needs of individual parishes in the replacement of unfit houses are being selected as follows:- Cosby, Countesthorpe, Croft, Enderby, Huncote, Kirby Muxloe, and Whetstone.

The selection of sites in other parishes is dependent upon future schemes of water supply and sewage disposal.

House Repairs

Owing to war conditions the work of keeping houses in proper repair has necessarily remained at a minimum. A return of what has been done as regards house inspection and repairs is given in the Sanitary Inspector's Report.

Housing Survey

The Minister of Health has directed all local authorities, including rural district councils, to carry out a comprehensive survey of the housing conditions in their areas, and they have asked that this should be completed in 12 months. In many districts, owing to shortage of staff, this may prove to be impossible, but the work is so important that no time should be lost. The survey is a necessary preliminary to the work of repair, reconditioning and demolition which public opinion now rightly demands. The survey has now (1945) been begun in Blaby, but with only two sanitary inspectors and one pupil progress can hardly be as rapid as could be wished.

Standard of Fitness for Dwelling Houses

The Joint Housing Advisory Committee for Leicestershire has now issued a Schedule of Standards and Standard Specification which should be a very real help in raising the standard of fitness in houses in rural districts. At first sight the standards here laid down may seem to some to be Utopian, but it should be remembered that in practice it

is much easier to fall short of a standard than to exceed it. In the words of Browning, "Man's reach should exceed his grasp or what is Heaven for?".

WATER SUPPLY

After housing, a good and adequate water supply, suitable for both drinking and industrial purposes, is the most important sanitary need of any community. Unfortunately, sparsity of population and small economic resources usually put rural districts at a great disadvantage as compared with towns and urban districts. For many small villages the cost of providing a piped water supply has hitherto been prohibitive. It is estimated that in the whole country there are still some 2 million people who have no piped water supply.

The Rural Water Supplies and Sewage Bill brought forward by the late Government a year ago should, when it is passed, give material assistance in this matter, and it is greatly to be hoped that all rural authorities will take full advantage of the substantial financial help (£15,000,000) promised from the National Exchequer.

In the Blaby R.D.C. there are still several parishes without a piped water supply and schemes for remedying this deficiency are ready as part of post-war work.

SEWAGE DISPOSAL

Sewage disposal comes next in importance to Housing and Water Supply, and here again rural districts are at a great disadvantage compared with urban.

One most objectionable result of the absence of a piped water supply and system of sewage disposal is the persistence of the "pail closet", which from a sanitary point of view cannot be too strongly deplored.

Pail Closets

There are still 2,444 pail closets in the Blaby R.D. (as compared with approximately 5116 water closets). It is of course easy to condemn pail closets as "sanitary abominations", and from every point of view they are most objectionable, most insanitary, and a menace to health; but until an adequate supply of water and a satisfactory

sewerage system is provided it is obvious that the work of converting them to water carriage cannot be proceeded with. There are, however, some pail closets in the Blaby R.D. still unconverted where water supply and sewers are available and these should certainly be dealt with as soon as ever post-war conditions permit.

RECONSTRUCTION PROGRAMME

The Blaby R.D.C. has approved an extensive programme of work prepared by the Council Engineer for post-war reconstruction and it is to be hoped, now that the war in Europe is over, that conditions as regards labour and supplies of material will enable work to be started in earnest at an early date.

The following statement of what is contemplated by the Blaby R.D. has been furnished to me by Mr. F.W. James, the Council Engineer, and the matter is so important and the outlay involved so substantial that I am reporducing it in extenso:-

BLABY RURAL DISTRICT COUNCIL WATER SUPPLY, SEWERAGE & SEWAGE DISPOSAL SCHEDULE OF PROSPECTIVE POST-WAR WORKS

MINISTRY OF HEALTH CIRCULAR 2899

- (A) The following works are considered by the Council to be of an urgent nature and they would wish to put them (or some adaptation or instalment of them) in hand at the earliest possible date after the cessation of hostilities in Europe at which labour and materials can be released.

	<u>Brief Description</u>	<u>Estimated pre-war cost plus 20%</u>
(1)	Aston Flamville Water Supply	£3,700
(2)	Kilby Water Supply	3,120
(3)	Thurlaston Water Supply	3,420
(4)	Stoney Stanton, Sapcote & Sharnford Sewerage & Sewage Disposal	29,820
(5)	New Sewage Disposal Works for Narborough & Cosby	4,800
(6)	Reconstruction and extension of Enderby Sewage Works	2,640
(7)	Extension of Glenfields Sewage Works	720
(8)	Extension of Kirby Muxloe Sewage Works	1,000
(9)	Extension of Countesthorpe Sewage Works	2,000
	Carried forward	<hr/> £ 51,220

Brought forward £ 51,220

- (1) Conversion of pail closets to water closets as follows:-

Glenfields	145	
Kirby Muxloe	38	
Blaby & Whetstone	508	
Croft & Huncote	334	
Countesthorpe	<u>115</u>	
Total	<u>1140</u>	11,400

- (B) The following works are also considered to be of an urgent nature and the Council would wish to put them in hand as soon as practicable following the completion of the works covered under (A) above:-

- (1) Conversion of pail closets to water closets as follows:-

Narborough & Cosby	356	
Enderby	<u>340</u>	
Total	<u>696</u>	6,960

- (2) Thurlaston Sewerage 5,640
 (3) Kilby Sewerage & Sewage Disposal 2,760
 (4) Aston Flamville Sewerage & Sewage Disposal 1,500
 (5) Wigston Parva Sewage Disposal 800

- (6) Conversion of pail closets to water closets as follows:-

Stoney Stanton,		
Sapcote & Sharnford	696	
Thurlaston	94	
Kilby	65	
Aston Flamville	17	
Wigston Parva	<u>9</u>	
Total	<u>881</u>	8,810

- (7) Improvements to water supply of Southern Area 7,000

- (8) Glenfields Surface Water Drainage 4,800

Total Estimated Cost of Prospective Works £100,890

Council Offices,
 Narborough.
 Mr. Leicester.
 January 1944.

F. W. JAMES,
 Engineer & Surveyor.

It will be seen from what has been said above that the Blaby R.D.C. is fully alive to its responsibilities and that very extensive works of "reconstruction" as regards housing, water supply and sewage disposal are either already in hand or are contemplated being put in hand at an early date.

SANITARY INSPECTOR'S ANNUAL REPORT FOR 1944

A comprehensive and detailed report on the year's work has been prepared by the Sanitary Inspector (Mr. J.J. Galsworthy) and a copy accompanies this report. Under these circumstances, the usual extracts from the Inspector's Report are omitted from this report.

I would draw attention, however, to the table in the Inspector's Report (page 3) giving details of the number of visits made during the year under various headings. The total was 1546 first visits, and 930 re-visits, total 2476. This is practically 50 a week. In addition, of course, there has been a very large amount of office work, correspondence, writing up of records, interviews, etc.

The total number of notices - formal and informal - issued was 123, nearly all of which were complied with. Fourteen verminous houses were disinfested.

Under the heading "Milk Supply" it is stated that there are 176 cow-keepers on the register, and in addition 19 purveyors of milk. There is only one licenced pasteurising plant.

Of 94 samples of milk taken for bacteriological examination 22 were returned as "not satisfactory". In view of the difficulties of the times this is not surprising, though there is obvious room for improvement.

There are 19 private slaughter houses in the area, at which 747 animals were slaughtered during the year.

Mr. Galsworthy concludes his report by pointing out that as there are 9610 houses in the District to be inspected under the Housing Survey he is of opinion that extra staff should be provided in order to enable it to be completed within the prescribed period of twelve months.

His attitude in this matter appears to be to be quite reasonable and has my support.

LABORATORY WORK

In connection with the diagnosis and supervision of infectious diseases, the following examinations relating to specimens from the Blaby area have been made at the County Council's Laboratory:-

Milk examinations (bacteriological)	248
Sputa for T.B.	162
Swabs for diphtheria	96
Urine (general and bacteriological)	56
Urine for T.B.	29
Sewage and water analysis	40
Phosphatase test	17
Blood for Wasseman test	11
Milk for fat content	2
Films for gonococci	1
Miscellaneous	22
	<u>684</u>

CONCLUSION

There is nothing very outstanding to report as regards the health of the Blaby R.D. during 1944. In common with the rest of the country we can congratulate ourselves that in spite of the five years of war the health of the community has not been materially affected. Indeed, apart from tuberculosis and venereal disease it has continued to be remarkably good. This speaks well for the Government action in connection with food rationing and the special care taken of mothers and children, also of conditions of work in factories, etc.

I am, gentlemen,

Your obedient servant,

(signed) C. KILLICK MILLARD.

Medical Officer of Health.

The Gilroes,

Leicester.

4th July, 1945.

